



JASPER

POLICE

Chief of Police
Douglas W. Tarvin
Assistant Chief of Police
Nathan J. Schmitt

REQUEST FOR APPLICATION

NAME: _____
(LAST, FIRST, MIDDLE INITIAL) (MAIDEN IF APPLICABLE)

ADDRESS: _____
(STREET, CITY, STATE, ZIP)

HOME PHONE: _____ CELL PHONE: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____

SCARS AND OR OTHER DISTINGUISHING MARKS: _____

_____	_____	_____
D.O.B.	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER

_____	_____	_____
ARE YOU A UNITED STATES CITIZEN	POSITION DESIRED	DATE AVAILABLE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

I AM WILLING TO WORK ANY SHIFT ASSIGNED TO ME AND CHANGE SHIFTS
WHENEVER DEEMED NECESSARY BY MY DEPARTMENT HEAD FOR THE
EFFICIENT OPERATION OF THE DEPARTMENT.

SIGNATURE: _____ DATE: _____

309 East Sixth Street • Jasper, Indiana 47546
Phone: (812) 482-2255 • Fax (812) 482-9008

“The Most Effective Weapon Against Crime is Cooperation”